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## RANK FOR NURSES—WHAT SOME DOCTORS SAY ABOUT IT

The following extracts from letters written by medical officers who served during the late war, are somewhat of a contradiction to statements made by Surgeon-General Ireland, as to the need for Rank, at the hearing before the subcommittee of the committee on military affairs, the report of which was given in October, 1919, JOURNAL.

Dr. William S. Thayer, Baltimore, Md., lately Brigadier-General, M. C., and Head of the Medical Department of the American Expeditionary Forces, to Miss Bessie Baker, formerly Chief Nurse of Base 18, A. E. F.

I have come to the conclusion that it is distinctly desirable that steps be taken which should give the nurse a more definite army standing than she has had heretofore. I believe that, as in the Canadian army, a regular army rank would be advisable. The question is a perfectly simple one. It is not, as I see, a question of the dignity of the army nurse; that does not need protection or support. The record of the Army Nurse Corps in France and in America, and the character of its members have established that beyond the possibility of change. The question is one simply of efficiency. It seems to me that the efficiency of the Army Nurse Corps would be increased by the giving of rank. There is a certain necessary authority that the nurse can, it would appear, exercise only through the possession of rank. If that is the case, rank should be given to the nurses, and I believe it should be.

Dr. Thomas R. Boggs, Baltimore, Md., lately Colonel, M. C., A. E. F., to Miss Bessie Baker.

It seems to me only proper that I should express to you my change of view with regard to the question of rank for nurses. On several occasions we talked over this matter in France, and at that time I felt that there were many objections to this movement; but with the accumulation of experience as I traveled about from one hospital to another, and since I have returned to America and had time to talk and read further on the subject, it seems to me necessary that in spite of certain objections the army nurses must have rank, otherwise the efficiency of a highly trained technical branch would be so greatly impeded by ignorance and incompetence on the part of those who do not understand the nurses' functions, that the sick and wounded cannot get the care they need. If at any time I can be of assistance in helping the cause, I will be glad to have you let me know, as I am fully convinced that it must come, and the sooner it comes the better.

Dr. Harvey B. Stone, Baltimore, Md., to Miss Bessie Baker.

During the entire active participation of America in the war, I was doing hospital work in France. My duties involved close and direct contact with the ward work of a base hospital. These facts are mentioned to show the experience on which the following opinions are based. I am confident that in order to secure the proper obedience and respect from enlisted men to nurses, the nurses should be put on the same plane in regard to them as the one on which the officer

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stands. In the absence of the officer the nurse becomes responsible for the administration of the ward and the control of the hospital personnel. This responsibility must be accompanied by the necessary authority. In the army authority is everywhere vested in rank. It is, therefore, self-evident, that for the proper execution of her duties, for the smooth running of the hospital, and for the welfare of the patients, it is essential that the nurse be given the equivalent of officer's rank. You may use this letter as you see fit to secure this desirable object.

Dr. Richard C. Cabot, Boston, Mass., lately Colonel, M. C., A. E. F., to Miss Clara D. Noyes, President American Nurses' Association.

I am heartily in favor of rank for army nurses. They did more than we did—we the doctors—and as we were officers they should be.

Dr. Roger I. Lee, Harvard University, Cambridge, Mass., lately Colonel, M. C., A. E. F., and Consultant to the Third Army Corps, to Miss Phillis M. Dacey, Fall River, Mass.

I am naturally much interested in the proposed bill to give nurses adequate recognition in the army. There is no question but that the efficiency of a hospital demands that the nurse must be in charge of the professional care of the patients on the ward, and in this professional care, that the nurse should have authority over the enlisted men. Whether this is done by actual rank or relative rank seems to me to be immaterial. There are, perhaps some objections to nurses having actual rank, as there might fall upon them some of the responsibilities which devolve upon all officers. However, I can see no objection to giving the nurses at least relative rank. The problem, as you know, came up a good many times in France, and my experience as commanding officer of U. S. A. Base Hospital No. 5 for several months, as well as my experience after I joined the A. E. F. as consultant of the Third Army Corps, make me most emphatic in my opinion that some step is needed to give the nurse adequate recognition. I believe that if the nurses had relative rank, or absolute rank, the patients would be very much better cared for, that the nurses would be able to do more and better work, and under much less difficulty. I believe, furthermore, that it would very much increase the *esprit de corps* in the Army Nurse Corps.

Dr. Arthur H. Ruggles, Providence, R. I., lately Colonel, M. C., A. E. F., to Mrs. Austin T. Levy, Harrisville, R. I.

I am heartily in support of the Jones-Raker Bill to secure military rank for army nurses. The need of such a recognition of the work of the army nurses was certainly demonstrated during the recent war. As Medical Director of Base Hospital No. 214, and as consultant in psychiatry with the Chief Surgeon in England, I became convinced that the sick and wounded soldiers would receive better treatment if army nurses had relative rank. The enactment of this bill, it seems to me, would greatly improve the nursing service in our standing army and would make for much greater efficiency in the event of any future wars. Nurses in the armies of other countries have been given rank, and from personal observation I know that it has improved the medical service. I earnestly hope this bill may pass.

Dr. Lucius C. Kingman, Providence, R. I., lately of the M. C., A. E. F., to Mrs. Austin T. Levy, Harrisville, R. I.

For the proper care of the soldier patient, military rank for the army nurse, even if relative, is of the first importance.

Dr. P. D. MacNaughton, Calumet, Mich., lately Lt. Colonel, A. E. F., to the National Committee to Secure Rank for Nurses.

It gives me pleasure to indorse the request of the National Committee for Rank for members of the Nurse Corps of the military service. I was in command of a base hospital in the A. E. F. in France and fully realize the handicap nurses are under, without rank. Their education and training entitles them to this consideration without considering their responsibilities.

Dr. H. N. Torrey, Detroit, Mich., lately Lt. Colonel, M. C., A. E. F., to National Committee to Secure Military Rank for Army Nurses.

I served twenty-one months in the A. E. F. in France, both in the field and in a base hospital. I feel very strongly that an army nurse should have a commissioned rank. In her work, traveling, etc., she has great need of the privileges and authority such a rank would give her.

Dr. John Allan Talbott, District of Columbia, lately Lt. Colonel, M. C., A. E. F., to National Committee to Secure Military Rank for Army Nurses.

From my observation extending over a period of eighteen months as an officer in the Medical Corps of the United States Army—one year of which time was spent in France—I am convinced that rank for nurses will prove a marked step in the betterment of the medical branch of the service. Nurses, in the absence of medical officers, often have charge of from fifty to one hundred patients and in time of war, many times a larger number. Their responsibility is great and surely comes next after the responsibility of the medical officer. My experience has been that quite a bit of friction has been caused between soldier patients, the non-commissioned war personnel and the nurses, simply because the nurses apparently had little authority. If this bill goes through allowing rank for nurses, it will only place them on the plane to which their responsibility entitles them. Soldier patients will have certainly more respect for the authority of nurses who carry the insignia of commissioned officers. My rank in the Medical Corps when discharged was Lieutenant Colonel and I was commanding officer of Base Hospital No. 114, A. E. F., for a period of ten months. In closing I am most emphatic in trusting that this bill will pass.

Dr. Lester J. Efird, Tampa, Fla., lately Lt. Colonel, M. C., A. E. F., to National Committee to Secure Military Rank for Army Nurses.

I think if nurses were given commissions there would exist a more cordial feeling between them and medical officers; they would have more authority over their patients and the question of the nurses associating socially with the enlisted men would be definitely settled. I am in favor of commissions for the nurses in the army.

Dr. Frank K. Boland, Atlanta, Ga., lately Lt. Colonel, U. S. A. M. C., to the National Committee to Secure Military Rank for Army Nurses, Washington, D. C.

The most important reason for granting relative rank to nurses is to impress the Medical Corps with the nurse's authority. During my recent experience in the army, I frequently found it difficult to cause corps men to take orders from nurses. In the proper execution of medical orders it is absolutely necessary for the nurse to supersede the corps men. The graduate nurse's superior medical education and experience justify this contention. In the second place, I believe the senior nurses are entitled to this distinction in order to give them authority over their juniors. Thirdly, army nurses should have rank as a reward for faithful and long service.

Dr. Irvin Abell, Louisville, Ky., lately Colonel, U. S. A. M. C., to the National Committee to Secure Military Rank for Army Nurses.

From my experience in command of U. S. Base Hospital No. 59 from the time of its organization until April, 1919, as well as from experience in the Base Hospitals at Camp Bowie and Camp Shelby, I believe that relative rank for nurses would make for more efficient ward administration, would secure better discipline from patients, and would secure efficient service from the enlisted men.

Dr. William J. Mayo, Rochester, Minn., lately Colonel, U. S. A. M. C., of the staff of the Surgeon General, to the National Committee to Secure Military Rank for Army Nurses.

I believe that nurses should have relative military rank. Authority in the army goes with rank. Without rank there is no authority. Without authority the nurse cannot exercise to the full those influences which in civil life have made her one of the greatest agents for good of modern civilization.

Mr. H. W. Loeb, St. Louis, Mo., lately Colonel, M. R. C., to Mrs. Helen Hoy Greeley, Counsel to National Committee on Rank.

I wish to announce through you my conviction that it is absolutely essential for nurses to be given a rank in the army if they are to exert their proper influence in connection with the medical work in the army.

Dr. David A. Kraker, Newark, N. J., lately Colonel, M. R. C., A. E. F., to Mrs. Helen Hoy Greeley, Counsel to National Committee on Rank.

As Commanding Officer of U. S. A. Base Hospital No. 78, A. E. F., I wish to reiterate a statement made by me before the Morris County, N. J., Medical Society, and which expresses my sentiment on this subject. A word about the American nurse; to my mind she was the most valuable part of the Medical Department; always ready, always willing, never tired or complaining, and without recognition or recompense. Other nations have recognized the nurse, by giving her commissioned rank, and conferring upon her other evidences of recognition, but we Americans have done nothing. I feel that the official support of the medical profession, by asking Congress to confer commissioned rank on the army nurse, is a duty we should not neglect. I shall continue to urge Rank for Nurses to the limit of my influence.

Dr. Addison G. Brenizer, Charlotte, N. C., formerly Lt. Colonel, M. C., A. E. F., to Miss Sara E. Parsons.

It gives me the greatest pleasure in the world to endorse the bill to give rank to army nurses. The bill is not only just, but necessary to the most efficient service in army hospitals. During my experience in the army, especially when

I was in charge of the surgery at Base Hospital No. 6, A. E. F., I always had the greatest sympathy with the nurse's position. In my department she served in positions of great responsibility and served most efficiently. Her suggestions though without authority had to be followed, because they were founded on a knowledge of hospital administration that the medical officer did not possess. Her service would surely have been more effective had she been able to project her knowledge by virtue of proper authority.

Dr. J. M. Ingersoll, Cleveland, Ohio, formerly Lt. Colonel, M. C., U. S. A., to National Committee to Secure Rank for Nurses.

I believe that giving rank to the army nurses and permitting them to wear the insignia of the rank will add to their efficiency in the army work and, therefore, favor the Jones-Raker bill for relative rank for army nurses.

Extract from an address made by Dr. Hilan K. Wallace, Captain, M. C., Base Hospital No. 59, at the annual meeting of the Missouri State Nurses' Association, St. Joseph, October 29-31.

Did the army nurse have to be drafted? Certainly not. They all volunteered of their own free will, leaving better positions, their homes and friends and comforts, to work often day and night, both in the camps at home and in the hospitals overseas, often under shell fire, always in the mud, traveling at times in box cars and third class coaches, eating "corn willie and gold fish" and other such dainties, with never a murmur nor a complaint, nor are they now complaining, but merely asking what should have been given them long ago. Their job is one requiring special training of at least three years, entailing the responsibilities of an officer, and carrying with it the privileges and restrictions of an enlisted man. To maintain proper discipline in a ward, which after all devolves upon the nurse, wherever it has been placed theoretically, it is necessary, or certainly advisable, that the nurse should have rank. The manual of the Medical Department says "The nurse shall be in charge of, and responsible for, all matters pertaining to the nursing and care of the sick." What about a ward does not pertain to the nursing and care of the sick? Is not the position of the nurse in charge of a ward comparable to that of a lieutenant in charge of a platoon? Both are responsible for the execution of the orders of the captain in charge of the ward or company, as the case may be. Then why should she not be of equal rank with the lieutenant? Her responsibilities are as great, and her training very often much more highly specialized and of a longer duration. Is it merely because she is a woman? But being a woman she is better fitted for her particular work. Surely her sex should not be an argument against her deserts. Again, were it an experiment, possibly this would be an argument against Rank for Nurses. But we have the experience of the Canadian and Australian armies in which the nurses do have rank, and the English army in which the nurse has what virtually amounts to rank, and where has any one seen better managed or better disciplined hospitals than these? As it now stands, the nurse has a peculiar and unique, although not particularly enviable position. The buck is passed down to her from the officers, and up from the enlisted men; the result is she is responsible for everything and has control over nothing.